

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

July 12, 2002

**Re: IRO Case # M2-02-0659**

Texas Workers' Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a psychologist with a PhD in psychology, who is licensed by the State of Texas, and who specializes in pain management. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The \_\_\_ reviewer who reviewed this case has determined that, based on the medical records provided, the requested care is not medically necessary. Therefore, \_\_\_ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

This case involves a 39-year-old male who was injured on \_\_\_. Though he returned to work after conservative treatment, he ultimately underwent surgery in 1995. He again eventually returned to work, but symptoms returned and he underwent surgery again in 2001. He has not worked since the second surgery.

Requested Service(s)

Behavioral Pain Management Program – 30 days, 8 hours per day.

Decision

I agree with the carrier's decision to deny the requested Behavioral Pain Management Program – 30 days, 8 hours per day.

Rationale

Although the requestor's evaluation of the patient was extensive, there was no indication as to inquiries regarding the sources of stress, other than those related to the injury. There was also no indication as to whether a prior psychiatric history exists. Additionally, while it is suggested that the patient had had individual psychotherapy, dates of service and records for this were not provided. Particularly, there is no indication that such treatment had been provided since the second surgery. Therefore, based on the records provided, it would be more appropriate for the patient to proceed with psychotherapy, in conjunction with any appropriate physical therapy, prior to participation in a Behavioral Pain Management Program. The patient's motivation for treatment might be assessed by his attendance at therapy sessions, and his capacity to benefit from a multi-disciplinary program gauged by completion of psychotherapy assignments.

This medical necessity decision regarding the requested treatment by an Independent Review Organization is deemed to be a Commission decision and order.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision**, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:  
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,  
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or US Postal Service from the office of the IRO on this 17<sup>th</sup> day of July 2002.